



State of Florida
Department of Health – Office of Vital Statistics
APPLICATION FOR FLORIDA COMMEMORATIVE BIRTH CERTIFICATE
(Available only from the State Office of Vital Statistics)

Requirement for ordering: Application to be used ONLY if requesting a Commemorative Birth Certificate (also includes issuance of one computer certification.) If only computer certification or photocopy desired, use DH 726 Application for Certificate of Birth. If event is less than 100 years old and if applicant is the registrant (child named on record) of legal age; parent listed on record; legal guardian; or legal representative of any of these, then the applicant must complete this application and provide a copy of valid unexpired photo identification. If ordering as a gift: In accordance with Florida Law, if you are not an authorized person, you must provide an Affidavit to Release a Birth Certificate, DH Form 1958 completed by an authorized person, authorizing you as the named individual to obtain the commemorative certificate and you must present a **copy of a valid unexpired photo identification**. A photocopy of the required ID will be accepted verifying that you are, in fact, that named individual shown on the affidavit to obtain the birth certificate submitted in addition to this application form. Acceptable forms of identification are the following: **Driver's License, State Identification Card, Passport,** and/or **Military Identification Card**. If event is over 100 years old, no photo ID required as birth records over 100 years old are public record and available to anyone.

SECTION A - REGISTRANT INFORMATION

CHILD'S FULL NAME AS SHOWN ON BIRTH RECORD	FIRST			MIDDLE	LAST	SUFFIX
DATE OF BIRTH	MONTH	DAY	YEAR(4-DIGIT)	STATE FILE NUMBER (If known)		SEX
PLACE OF BIRTH (MUST HAVE OCCURRED IN FLORIDA)	HOSPITAL			CITY OR TOWN		COUNTY
MOTHER'S MAIDEN NAME (Name before marriage)	FIRST			MIDDLE	MAIDEN LAST	SUFFIX
FATHER'S NAME	FIRST			MIDDLE	LAST	SUFFIX

Commemorative birth certificates are signed by the current Governor and State Registrar of Vital Statistics. The certificates contain calligraphy style printing, gold state seal and are suitable for framing and preserving as family heirlooms. Commemorative certificates are mailed encased in cardboard shields to ensure protection. Information on the application is requested to assist us in our search for the record. Information that is shown on a commemorative certificate is taken from the actual birth certificate not the information provided on this application.

SECTION B – FEES & PAYMENT

Include a check or money order in U.S. dollars for \$34.⁰⁰ made payable to the "Bureau of Vital Statistics." The fee covers the search, once computer certification, one commemorative certificate and mailing 1st class mail. The computer certification will be mailed within 3-5 business days and the commemorative will follow within 4-6 weeks.

\$34. ⁰⁰	X	1	\$34. ⁰⁰
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If the birth record is not located, a No Record Found Statement of that fact is issued along with a form to request a refund for \$25.⁰⁰ and any additional copy fee. The \$9.⁰⁰ search fee is non-refundable. If for any reason we are unable to provide a commemorative certificate due to the type of record filed, the \$25.⁰⁰ fee will be refunded.

Additional Computer Certification, when ordered at the same time is \$4.⁰⁰ each

\$4. ⁰⁰	X		\$
\$25. ⁰⁰	X		\$
TOTAL			\$

Additional Commemorative Certification, when ordered at the same time is \$25.⁰⁰ each

TOTAL AMOUNT ENCLOSED: Florida Law imposes an additional service charge of \$15.00 for dishonored checks.

Be Sure To Check Appropriate Box For Your Special Commemorative Design Selection
(Larger images can be viewed at the website)

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
Palm	Traditional (Florida Capitol Background)	Beach (Small footprints/ball/bucket)

SECTION C – APPLICANT/MAILING INFORMATION

Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on any application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.

Applicant's Name TYPE OR PRINT	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	
DELIVERY ADDRESS (INCLUDE APT. NO., IF APPLICABLE)		CITY	STATE	ZIP CODE
HOME PHONE NUMBER () WORK PHONE NUMBER ()	RELATIONSHIP TO REGISTRANT		SIGNATURE OF APPLICANT	
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.		IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT		

IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.

SHIP TO NAME TYPE OR PRINT	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	
HOME PHONE NUMBER ()	SHIP TO STREET ADDRESS (AND APT. NO. IF APPLICABLE)			
WORK PHONE NUMBER ()	CITY		STATE	ZIP CODE

MAIL TO: VITAL STATISTICS, P.O. BOX 210, JACKSONVILLE FL 32231-0042

DH 726C, 01/2015 Florida Administrative Code Rule 64V-1.0131 (Obsoletes Previous Editions)